

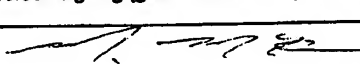
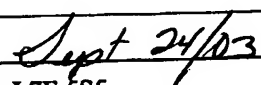
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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 213202.00186
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>HUSKY INJECTION MOLDING SYSTEMS LTD.</u></p> <p>and the title of my position with said assignee is: _____</p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Inventor Pierre GLAESNER	Citizenship LU	
Residence/Mailing Address 40 Rte de Mersch L-7780 Bissen Luxembourg		
Inventor	Citizenship	
Residence/Mailing Address		
<input type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.		
Patent Number 6,439,876	Date of Patent Issued 08/27/2002	
Title of Invention INJECTION MOLDING MACHINE HAVING A PLATEN FOR UNIFORM DISTRIBUTION OF CLAMPING FORCES		
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <p>_____</p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____</p> <p>and was amended on _____</p> <p style="text-align: center;">(If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input checked="" type="checkbox"/> by reason of other errors.</p>		

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional)	
At least one error upon which reissue is based is described as follows: Column 3, line 57, delete "first and second" Column 3, line 58, insert "clamp block" after "and" <div style="text-align: center;">[Attach additional sheets, if needed.]</div>			
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. I hereby appoint:			
<input checked="" type="checkbox"/> Practitioners at Customer Number:		27160	
OR			
<input type="checkbox"/> Practitioner(s) named below:			
Name		Registration Number	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.			
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number:		27160	
OR			
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name)			
Signature		Date	
			
Address of Assignee			
500 Queen Street South, Bolton, Ontario CANADA L7E 5S5			

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REISSUE APPLICATION: CONSENT F ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 2213201.00186
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Pierre GLAESNER		
Patent Number 6,439,876	Date Patent Issued 08/27/2002	
Title of Invention INJECTION MOLDING MACHINE HAVING A PLATEN FOR UNIFORM DISTRIBUTION OF CLAMPING FORCES		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
<p>The assignee(s) owning an undivided interest in said original patent is/are <u>HUSKY INJECTION MOLDING SYSTEMS LTD.</u> and the assignee(s) consents to the accompanying application for reissue.</p>		
Name of assignee/inventor (if not assigned)		
Signature	Date <i>Sept 24/03</i>	
Typed or printed name and title of person signing for assignee (if assigned)		
<p>BY: <u><i>[Signature]</i></u></p> <p>TITLE: <u>Michael P.J. McKendry</u> <u>HUSKY INJECTION MOLDING SYSTEMS LTD.</u> <u>Director, Legal</u></p>		

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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